



12/06/04

SIW
AF#

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/010051-Conf. #7833 |
| | Filing Date | November 9, 2001 |
| | First Named Inventor | Yosuke FUJII |
| | Art Unit | 1745 |
| | Examiner Name | J. S. Maples |
| Total Number of Pages in This Submission | Attorney Docket Number | SIW-020 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------|----------|--------|
| Firm Name | LAHIVE & COCKFIELD, LLP | | |
| Signature | | | |
| Printed name | Anthony A. Laurentano | | |
| Date | December 3, 2004 | Reg. No. | 38,220 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 418 605 428 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 3, 2004

Signature:

(Anthony A. Laurentano)



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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,320.00**

Complete if Known

| | |
|----------------------|-----------------------|
| Application Number | 10/010051-Conf. #7833 |
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| Examiner Name | J. S. Maples |
| Art Unit | 1745 |
| Attorney Docket No. | SIW-020 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order
☒ Deposit Account ☐ None

Deposit
Account
Number

12-0080

Deposit
Account
Name

Lahive & Cockfield, LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s)
under 37 CFR 1.16 and 1.17
☒ Credit any overpayments

To the above-identified deposit account.

☐ Other (please identify):

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|--------------------------|
| Each claim over 20 | 18 | 9 |
| Each independent claim over 3 | 88 | 44 |
| Multiple dependent claims | 300 | 150 |
| For Reissues, each claim over 20 and more than in the original patent | 18 | 9 |
| For Reissues, each independent claim more than in the original patent | 88 | 44 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

- 20 or HP = x =
HP= highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

- 3 or HP = x =
HP= highest number of independent claims paid for, if greater than 3

| Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---------------------------|----------|---------------|
|---------------------------|----------|---------------|

Subtotal (2) \$ 0.00

1. BASIC FILING FEE

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|------------------------|----------|--------------------------|---------------|
| Utility Filing Fee | 790 | 395 | |
| Design Filing Fee | 350 | 175 | |
| Plant Filing Fee | 550 | 275 | |
| Reissue Filing Fee | 790 | 395 | |
| Provisional Filing Fee | 160 | 80 | |

Subtotal (1) \$ 0.00

3. OTHER FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) | Fee Paid |
|-------------------------------------|----------|--------------------------|----------|
| 1-month extension of time | 110 | 55 | |
| 2-month extension of time | 430 | 215 | |
| 3-month extension of time | 980 | 490 | 980.00 |
| 4-month extension of time | 1,530 | 765 | |
| 5-month extension of time | 2,080 | 1,040 | |
| Information disclosure stmt. Fee | 180 | 180 | |
| 37 CFR 1.17(q) processing fee | 50 | 50 | |
| Non-English specification | 130 | 130 | |
| Notice of Appeal | 340 | 170 | 340.00 |
| Filing a brief in support of appeal | 340 | 170 | |
| Request for oral hearing | 300 | 150 | |

Other:

Subtotal (3) \$ 1,320.00

SUBMITTED BY

| | | | | | |
|-------------------|------------------------------|--------------------------------------|------------------|-----------|----------------|
| Signature | <i>Anthony A. Laurentano</i> | Registration No. (Attorney/Agent) | 38,220 | Telephone | (617) 227-7400 |
| Name (Print/Type) | Anthony A. Laurentano | Date | December 3, 2004 | | |

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Signature: *Anthony A. Laurentano* (Anthony A. Laurentano)